

Supplemental Employee Questionnaire
Milk Sampler-Tester (Calibration Truck Driver)

Name: _____

Note to Applicant: Information presented will be used to rate your application. You cannot be given credit for work you do not document. All questions must be answered. Please include the completed questionnaire with your application material.

1a. Do you have a valid Class A CDL with a tanker endorsement?

Yes____ No____

1b. What is your county of residence?

1c. Your driving mileage for vehicles over 26,000 GVW for each year:

2004 _____

2003 _____

2002 _____

2001 _____

2000 _____

1d. Have you had any vehicle- related accidents in the past five years?

Yes____ No____

If you checked yes, please explain in the format below:

Date? Who was at fault? State severity of injury to persons and/or damage to vehicles.

1e Have you been charged with any traffic offenses in the past five years?

Yes____ No____

If you checked yes, please explain in the format below:

List all offenses by: date, nature of offense, jurisdiction, convicted?

Points Issued?

1f: Discuss any professional driving experience, driving safety awards, specific driving skills, or driving training that you have received.